

LHPA 2011-2012

REQUEST FOR REIMBURSEMENT FORM

Submit completed form and receipts within 30 days of completion of event to LHPA Treasurer, Janie Miles, via LHPA basket in Lower School Office or mail to LHPA Office, 901 N. Highland Avenue, Orlando, FL 32803

Event/Program: _____

Chairpersons: _____

Reimbursement Requested By: _____

Date Submitted: _____

List of Purchases for Reimbursement (Staple Receipts to this form):

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Check to be made payable to : _____

Mailing Address: _____

Email: _____

Phone: _____

(Below for Treasurer's use)

Date _____ Check Number _____ Check Amount \$ _____